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Attention:	Group Art Unit: 1795	From: ,	Travis Dodd
Fax:	571-273-8300	Fax:	818-833-2065
Phone:		Phone:	818-833-2014
Company:	U.S. Patent and Trademark Office	Company:	Quallion LLC
		Pages:	Total of (15) Pages
Re:	Application Serial No.: 10/663,024 Title: ELECTROLYTE FOR ELECTROCHEMICAL CELL Filed: September 15, 2003 Examiner: Echelmeyer, Alix Elizabeth Group Art Unit: 1795 Attorney Docket No.: Q201-US1	Date:	April 23, 2008
□ Urger	nt Ed For Review D Please Cor	nment 🗹 Pie	ase Reply D Please Recycle

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Amendment Transmittal Letter (2 page) Fee Transmittal (in duplicate) (2 pages) Amendment (10 pages)

Lisa K. Robbins

(Name of Person Signing Certificate)

(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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PAGE 1/15* RCVD AT 4/23/2008 7:06:30 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/26 * DNIS:2738300 * CSID:8188332065 * DURATION (mm-ss):01-52

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APK 23 2008

10/663,024 **Application Number** September 15, 2003 Filing Date **TRANSMITTAL** AMINE, Khalil et al. First Named Inventor **FORM** 1795 **Group Art Unit** (to be used for all correspondence after initial filing) Echelmeyer, Alix Elizabeth **Examiner Name** Q201-US1 **Attorney Docket Number** Total Number of Pages In This Submission

	ENCLOSURES (check all that apply)			
×	Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group	
	x Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences	
х	Amendment	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
	After Final	Petition to Covert to a Provisional Application	Proprietary Information	
	Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter	
	Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):	
	Express Abandonment Request	Request for Refund		
	Information Disclosure Statement	CD, Number of CD(s)		
		Remarks		
1	Certified Copy of Priority Document(s)	•		
	Response to Missing Parts/ Incomplete Application	·		
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C	Customer Number or Bar Code Label	31815 (Insert Customer No. or Attach bar code lebel here)		
The Cor No. 50-0	mmlssioner is hereby authorized to charge a 0921. A duplicate copy of this sheet is enck	any additional fees which may be required, or credit ar used. Respectfully submitted,	ny overpayment to Deposit Account	
		· Compensating Generalities,	M	
Dated:_	4/23/2008	Ву:		
	(818) 833-2003 918) 833-2065	Travis Dodd Attorneys for Applicant P.O. Box 923127 Sylmar, CA 91392-312	•	

<u>-</u>			
	CERTII	FICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:			
Typed or printed name	TRAVIS DODD		
Signature		Date	

date:

name Signature

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Total Number of Pages in This Submission

RECLAUALDION LEGAL CENTRAL FAX CENTER

TRANSMITTAL
FORM
(to be used for all correspondence efter initial filing)

Application Number 10/663,024

Filing Date September 15, 2003

First Named Inventor AMINE, Khalil et al.

Group Art Unit 1795

Examiner Name Echelmeyer, Alix Elizabeth

Attorney Docket Number Q201-US1

Date

•	EN	CLOSUF	RES (check all that apply)	
x Fee	Transmittal Form		Assignment Papers (for an Application)	After Allowance Communication to Group
×	Fee Authorized		Drawing(s)	Appeal Communication to Boar of Appeals and Interferences
X Am	endment		Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	After Final		Petition to Covert to a Provisional Application	Proprietary Information
	Affidevits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address	Status Letter
Exte	ension of Time Request		Terminal Oisclaimer .	Other Enclosure(s) (please identify below):
Ехр	ress Abandonment Request		Request for Refund	
Info	rmation Disclosure Stalament		CD, Number of CD(s)	
,,,,,		Remarks		
Cer	tified Copy of Priority Document(s)			
	ponse to Missing Parts/ Incomplete			
	Response to Missing Parts under 37 CFR 1.52 or 1.53	<u></u>		
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	ssioner is hereby authorized to charge . A duplicate copy of this sheet is end		al fees which may be required, or credit an Respectfully submitted,	y overpayment to Deposit Account
Dated:	4/23/2008	<u>_</u> .	By:	
Phone: (818 Fax: (818)			Travis Dodd Attorneys for Applicants P.O. Box 923127	•
			Sylmar, CA 91392-312	

In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this

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FEE TRANSMITTAL

APR 23 2008

Attorney Docket No.	Q201-US1
First Named Inventor:	AMINE, Khalil et al.
Application Number	10/663,024
Filing Date:	September 15, 2003
Examiner Name:	1795
Group/Art Unit:	Echelmeyer, Alix Elizabeth

TOTAL AMOUNT OF PAYMENT:	\$ 0.00
METHOD OF PAYMENT (check One)	The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
	Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC
	X. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
	Payment Enclosed: Check Money Order Other - Credit Card
	4

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	xx	хx	\$310.00	\$155.00	\$.00
Total Claims	32-41=	0	x \$50.00	X \$25.00	\$.00
Independent Claims	2-3=	0	X \$210.00	X \$105.00	\$.00
Multiple Dependent Cla	im(s) (if applicable)		\$360.00	\$180.00	\$.00
			. Total of abo	ve Calculations =	\$.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$210.00	\$105.00	\$.00
Reissue filing fee	\$310.00	\$155.00	\$.00
Provisional filing fee	\$210.00	\$105.00	\$.00
	Total of ab	ove Calculations =	\$.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$.	\$
	\$	\$	S
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	S '	\$	\$
	•	TOTAL:	\$

Name (print/type)	TRAVIS L. DODD	Registration N (Attorney/Age		42,491
Signature		Date .	4/23/20	008

FEE TRANSMITTAL

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Attorney Docket No.	O201-US1	APR 23 2000
	AMINE, Khalil et al.	
First Named Inventor:		
Application Number	10/663,024	
Filing Date:	September 15, 2003	
Examiner Name:	1795	
Group/Art Unit:	Echelmeyer, Alix Blizabeth	

TOTAL AMOUNT OF PAYMENT:	\$ 0.00
METHOD OF PAYMENT (check One)	X The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
	Deposit Account No.: 50-0921 Deposit Account Name: Qualtion LUC
	X. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
	2. Payment Enclosed: Check Money Order Other - Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For provident of	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small-Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$.00
Total Claims	32-41=	. 0	X \$50.00	"X \$25.00	\$.00
Independent Claims	.2 - 3 = .	0	X \$210.00	X \$105,00	\$.00 .
Multiple Dependent Clair	Aultiple Dependent Claim(s) (if applicable) \$360,00		\$360,00	\$180.00	\$.00
			Total of abo	ve Calculations =	\$.00

Basic Filing Fee	Large Entity	Small Entity	Tota	ı ·
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Reissue filing fee	\$310.00	\$155.00	\$.00 , ,	
Provisional filing fee	\$210.00	\$105.00	\$.00	
Total of above Calculations =		\$.00		

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other	
	S	\$	S	
·	S	·\$.	\$	
	\$::_	S	\$	
	S	\$	S	
		TOTAL	: \$	

Name (print/type)	TRAVIS L. DODD	, i d i i i	Registration N (Attorney/Age		42,491
Signature			Date	4/23/2	008

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Application No: 10/663,024

Docket No.: Q201-US1

APR 23 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: AMINE, Khalil et al.

Examiner:

Echelmeyer, Alix

Elizabeth

Serial No.: 10/663,024

Art Unit:

51

A PROMINER OF

An Pen:

1745

Filed: September 15, 2003

Title: ELECTROLYTE FOR

ELECTROCHEMICAL CELL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AND REQUEST FOR RECONSIDERATION

`This communication is in response to the Office Communication mailed on March

21, 2008. Please amend the application as follows: